

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Joey Hood
 Address PO Box 759 County Choctaw
 Telephone 662-285-4663 Fax 662-285-9948
 Office Sought Representative - District 35 Email Address jhood@house.ms.gov

☐ Check here if above is different from previous report

X January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$12,972.31 + \$ 1,150.00	\$ 14,122.31	\$ 14,122.31
Total amount of disbursements	\$ 3,204.64 + \$ 1,573.35	\$ 4,727.99	\$ 4,777.99
Total amount of cash on hand		\$ 13,311.17	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date 1/31/16

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Joey HoodReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Comprehensive Health Management Inc	<u>6</u> / <u>23</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address PO Box 31390	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Tampa, FL 33631	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) n/a	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) health management	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Mississippi Power Company State PAC	<u>10</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address PO Box 4079	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Gulfport, MS 39502	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) n/a	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) electric utilities	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Company</u>		
Full name BNSF Railway Company	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 2500 Lou Menk Dr AOC-3	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Fort Worth, TX 76131	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) n/a	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) freight transportation	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name F.B.S., INC	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 8440 Bluebonnet Blvd, Suite A	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Baton Rouge, LA 70810	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) finance	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Joey Hood
 Reporting period January, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 17 / 16	\$ 1000.00
Tower Loan of Mississippi, LLC		
Mailing Address	/ /	\$
PO Box 320001		
City, State, Zip Code	/ /	\$
Flowood, MS 39232		
Name of Employer (Required)	/ /	\$
n/a		
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
finance		
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 17 / 16	\$ 1000.00
Lenders Political Action Committee		
Mailing Address	/ /	\$
PO Box 24087		
City, State, Zip Code	/ /	\$
Jackson, MS 39225-4087		
Name of Employer (Required)	/ /	\$
n/a		
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
lending/finance		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 17 / 16	\$ 500.00
Anheuser-Busch		
Mailing Address	/ /	\$
One Busch Place		
City, State, Zip Code	/ /	\$
St Louis, MO 63118		
Name of Employer (Required)	/ /	\$
n/a		
Occupation (Required)	Aggregate year-to-date	\$ 500.00
wholesale beverages		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 17 / 16	\$ 250.00
Advance America		
Mailing Address	/ /	\$
135 N Church St		
City, State, Zip Code	/ /	\$
Spartanburg, SC 29306		
Name of Employer (Required)	/ /	\$
n/a		
Occupation (Required)	Aggregate year-to-date	\$ 250.00
lending		

Name of Candidate or Committee Joey Hood
 Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 17 / 16	\$ 500.00
First Heritage Credit, LLC		
Mailing Address	/ /	\$
605 Crescent Blvd, Suite 101		
City, State, Zip Code	/ /	\$
Ridgeland, MS 39157		
Name of Employer (Required)	/ /	\$
n/a		
Occupation (Required)	Aggregate year-to-date	\$ 500.00
finance		
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	11 / 17 / 16	\$ 500.00
Electric Power Associations of Mississippi State PAC		
Mailing Address	/ /	\$
PO Box 3300		
City, State, Zip Code	/ /	\$
Ridgeland, MS 39158		
Name of Employer (Required)	/ /	\$
n/a		
Occupation (Required)	Aggregate year-to-date	\$ 500.00
electric utilities		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Company</u>		
Full name	11 / 17 / 16	\$ 500.00
Huntington Ingalls Industries		
Mailing Address	/ /	\$
PO Box 149		
City, State, Zip Code	/ /	\$
Pascagoula, MS 39568		
Name of Employer (Required)	/ /	\$
n/a		
Occupation (Required)	Aggregate year-to-date	\$ 500.00
shipbuilding		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>		
Full name	11 / 17 / 16	\$ 500.00
Denbury Onshore LLC		
Mailing Address	/ /	\$
5320 Legacy Dr		
City, State, Zip Code	/ /	\$
Piano, TX 75024		
Name of Employer (Required)	/ /	\$
n/a		
Occupation (Required)	Aggregate year-to-date	\$ 500.00
oil/gas		

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Company</u>		
Full name <u>Enova</u>	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>175 W Jackson Blvd, Suite 1000</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Chicago, IL 60604</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>financial technology</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) <u> </u>		
Full name <u>Stephen W Burrow</u>	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>1202 Gallery St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Pascagoula, MS 39581</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Heidelberg, Steinberger, Colmer, & Burrow, P.A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) <u> </u>		
Full name <u>Montgomery Management Co</u>	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 37</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>lending</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) <u>LLC</u>		
Full name <u>Lakeside Estate LLC</u>	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>3000.00</u>
Mailing Address <u>2094 Pumpkin Creek Rd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Brooksville, MS 39739</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>investments</u>	Aggregate year-to-date	\$ <u>3000.00</u>

Name of Candidate or Committee Joey HoodReporting period January 1, 2016 through December 31, 2016

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A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>250.00</u>
ENPAC Mississippi		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
PO Box 1640		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Jackson, MS 39215		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
n/a		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
energy		
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>250.00</u>
MS Association of Realtors PAC		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
PO Box 321000		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Flowood, MS 39232		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
n/a		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
realty		
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>350.00</u>
Gulf Islands Credit, Inc		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
1115 Pass Rd		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Gulfport, MS 39501		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
n/a		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>350.00</u>
lending		
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>250.00</u>
AT&T Mississippi PAC		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
111 E Capitol Street STE 6030		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Jackson, MS 39201		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
n/a		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
communications provider		

Name of Candidate or Committee Joey Hood
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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mississippi Bankers Association PAC</u>	<u>12</u> / <u>19</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1091</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>banking</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>MHA Political Action Committee</u>	<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1909</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39130</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>healthcare</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>MS Dental PAC</u>	<u>12</u> / <u>27</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>439 B Katherine Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>dental</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>CEAFT PAC</u>	<u>12</u> / <u>27</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address <u>3000-B North State Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>political action committee</u>	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Joey Hood
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ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>12</u> / <u>19</u> / <u>16</u>	\$ <u>39.99</u>
<u>Shutterfly, Inc (Refunds Issued by Company)</u>		
Mailing Address _____	<u>12</u> / <u>19</u> / <u>16</u>	\$ <u>171.32</u>
<u>2800 Bridge Parkway</u>		
City, State, Zip Code _____	<u>12</u> / <u>21</u> / <u>16</u>	\$ <u>111.00</u>
<u>Redwood City, CA 94065</u>		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u>n/a</u>		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>322.31</u>
<u>printing</u>		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Joey HoodReporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Griffin Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1715-K S Rutherford Blvd	1 / 19 / 16	\$ 200.00
City, State, Zip Code Murfreesboro, TN 37130	3 / 22 / 16	\$ 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ continued
B. Full name Griffin Strategies (continued)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4 / 25 / 16	\$ 210.00
City, State, Zip Code	9 / 19 / 16	\$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ continued
C. Full name Griffin Strategies (continued)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 / 7 / 16	\$ 187.50
City, State, Zip Code	12 / 21 / 16	\$ 375.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,222.50
D. Full name MS House Republican Caucus	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 2008	6 / 8 / 16	\$ 1,000.00
City, State, Zip Code Jackson, MS 39215	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
E. Full name Brent's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 655 Dulling Ave	11 / 17 / 16	\$ 409.70
City, State, Zip Code Jackson MS 39216	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 409.70
F. Full name Shutterfly, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2800 Bridge Parkway	12 / 19 / 16	\$ 572.44
City, State, Zip Code Redwood City, CA 94065	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 572.44